

 **Uniform COVER SHEET**

 **For Health Care Claim Attachments**

NOTE: To maximize use of this form, use of Microsoft Word version 2003 or later is recommended

*Select appropriate payer/group purchaser from the drop-down list or fill-in the “Other” option*

|  |  |
| --- | --- |
| **TO:**  |  |
|  | **Other fax #:** (Type payer/group purchaser name and fax # if not in drop-down list)**Name:** **Fax #:**  |

Tab or use your arrow keys to navigate to the next or previous text field.

For specific field directions refer to the

[Instructions](#instructions)

|  |  |
| --- | --- |
| Attachment Control Number: |       |
|  |  |  |  |
| Billing Provider ID #: |       |
|  |  |  |  |
| Billing Provider Name: |       |
|  |  |  |  |
| Patient ID #: |       |
|  |  |  |  |
| Patient Name: |  |  |  |
|       |       |       |
| (Last) | (First) | (Middle) |
|  |  |  |  |
| Property and Casualty Claim #: |       |
|  |  |  |  |
| Attachment Send Date: |       |
|  |  |  |  |
| Total Number of Pages: |      |
|  |  |  |  |
| Contact Name/Phone #: |       |

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| Disclaimer:       |

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|  | **INSTRUCTIONS** |
| [Attachment Control Number](#text01_att_ctrl_nbr) | * Create a unique Attachment Control Number of 50-characters or less
* Enter that Attachment Control Number either:
* In the paperwork (PWK06) segment in Loop 2300 of the 837
* In the appropriate field on your claim if entered via a direct data entry (DDE) method, like [MN–ITS Interactive](https://mn-its.dhs.state.mn.us/login.html) or [Orbit](http://www.mneconnect.com/)

Refer to [Minnesota Uniform Companion Guide](http://www.health.state.mn.us/auc/guides.htm) for the 837, section 4.2.3.3 |
| [Billing Provider ID Number](#text02_bill_prov_nbr) | Enter your NPI, UMPI, or payer assigned legacy ID number.For Version 4010 Use:X12: Loop 2010AA, NM109 or 2010AA, REF02For Version **5010** Use:X12: NPI: Loop 2010AA, NM109Legacy ID (for atypical providers only): Loop 2010BB, REF02 |
| [Billing Provider Name](#text03_bill_prov_nm) | Enter your billing provider name.X12: Loop 2010AA, NM103, NM104 and NM105 |
| [Patient ID Number](#text04_pt_id_nbr) | Enter the patient’s unique ID as assigned by the payer/group purchaser.For Version **4010** Use:X12: Loop 2010CA, NM109 or Loop 2010BA, NM109. If both are populated within the claim, use Loop 2010CA, NM109.For Version **5010** Use: X12: Loop 2010BA, NM109 |
| Patient Name [Last](#text05_pt_last_name) [First](#text06_pt_first_name) [Middle](#text07_pt_mid_name) | Enter the patient’s name as reported on the claim.For Version **4010** Use:X12: Loop 2010CA, NM103, NM104, and NM105 or Loop 2010BA, NM103, NM104, and NM105. If both are populated within the claim, use Loop 2010CA, NM103, NM104, and NM105.For Version **5010** Use:X12: Loop 2010CA, NM103, NM104, and NM105 or Loop 2010BA, NM103, NM104, and NM105. If both are populated within the claim, use Loop 2010CA, NM103, NM104, and NM105. |
| [Property and Casualty Claim ID Number](#text08_prpcas_cl_nbr) | This field is required only if services are related to a Property & Casualty claim.X12: Loop 2010CA, REF02 or Loop 2010BA, REF02. |
| [Attachment Send Date](#text09_attach_snd_dt) | Enter the date you will send the attachment and this Cover Sheet in MMDDYY format. |
| [Total Number of Pages](#text10_tot_pgs) | Enter the total number of pages of your attachment including the Attachment Cover Sheet |
| [Contact Name / Phone Number](#text11_cntct_info) | Enter the name and phone number of the individual or department in your organization for the payer/group purchaser to contact in case of fax transmission error |

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